

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031666

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB  
XX AMENDED

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 44

STATE FILE NUMBER

FILED SEP 13 1963

1. PLACE OF DEATH a. COUNTY <b>Clark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clark</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kahoka</b>		c. CITY OR TOWN <b>Kahoka</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Walker Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>Kahoka</b>	
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Loualla</b> Last <b>Stephen</b>		4. DATE OF DEATH Month <b>June</b> Day <b>25</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-12-1865</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
10a. FATHER'S NAME <b>James Hill</b>		10b. MOTHER'S MAIDEN NAME <b>Jane Small</b>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12. SOCIAL SECURITY NO. <b>L.J. Hill, Longview, Texas</b>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
DUE TO (b) <b>arterio sclerotic heart disease</b>			
DUE TO (c) <b>senility</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Kahoka, Missouri</b>	
21. I attended the deceased from <b>10-10-1960</b> to <b>6-25-1963</b> and last saw her alive on <b>6-25-1963</b>		22. DATE SIGNED <b>9-9-63</b>	
22a. SIGNATURE <b>Shannon</b>		22b. ADDRESS <b>Kahoka, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-28-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Peakville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Peakville, Missouri</b>
24. FUNERAL DIRECTOR <b>Karle Shaffer Funeral Home, Kahoka, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-63</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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MAR 25 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Signature]*  
Licensed Embalmer No. 5063

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.